

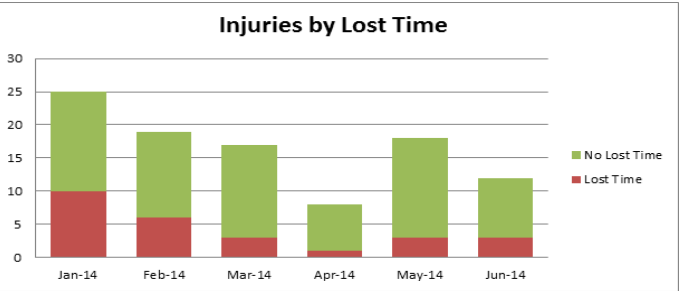
Status Legend	
Health	Progress
arted and not likely to be started on time	•25% - some action steps, required for the initiative, are completed
: Goal is in progress, but behind schedule or has an issue that may affect completion	• 50% - about half the action steps, required for the initiative, are completed
in progress, on schedule, and expected to be completed in on time	• 75% - most action steps, required for the initiative, are completed
	• 100% - all action steps, required for the initiative, are completed

Louisville Metro Government



Strategic Planning & Performance

PROGRESS REPORT								
Description of Dept. Goal	Description of Initiatives	Status per the Department's Nov. Report-out Date:						Goal KPI and Analysis
		Describe Initiative Progress	Initiative Progress (% Complete)	Initiative Health (Color)	Goal Progress (% Complete)	Goal Health (Color)	Risks	
1. Reduce work-related injuries by 5% by FY15 as compared to FY12. Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2	Conduct an injury analysis to identify trends in injury types. Utilize EMS Safety Committee and Six Sigma process to analyze and make recommendations to reduce work-related injuries.	Injury Overview for 2013 reported at March 2014 LouieStat. Accident/Injury investigation and review process developed by LMEMS Safety Committee. Supervisors trained in June to start investigation of all injuries and accidents after July 1, 2014.	100%		80%		1) Potential risk of inability to fund lifting equipment and/or wellness programs. 2) Potential risk for low participation in wellness program if costs to employee are too high. 3) Potential for increased overtime as employee are pull from street operations to participate in Continuous Improvement activities/teams.	1) Department Safety Plan rolled out to Management and supervisors June 2014. 2) For the same time period (1/1 to 7/1), there was a 44% reduction in lost time injuries from 41 in 2013 to 23 in 2014. Likewise, there was a 30% decrease in OSHA Recordable injuries from 47 in 2013 to 33 in 2014. 3)Improved case management and modified duty assignment process has led to 10% reduction in our Lost Time Injury Frequency from 32.82 in 2013 to the current 29.35. 4) Approximately 15 employees have or plan to participate in a 5 month wellness program through Heuser Health.
	Incorporate training for EMS employees focusing on safety and injury prevention.	Lifting and equipment training implemented in LMEMS new hire orientation process. Plan for similiar training and lifting skill sessions to be given annually to all employees via monthly In-Service training (no later than Fall 2014).	50%					
	Investigate equipment/techniques that may reduce physical requirements of employees.	Met with the two industry leaders in power-lifting equipment (Stryker and Ferno) to demo available equipment to modernize lifting equipment to reduce lifting strain on employees. Plan to start bid process later in the year after the results of less expensive injury reduction efforts are seen.	75%					
	Research incentive programs for employees who avoid injury over a specified period of time.	OSHA's official stance on incentive program is that they typically cause employees to not report injuries. Employee feedback mechanisms are being researched on their effectiveness to reduce injuries.	50%					
	Develop wellness program for LMEMS employees to improve overall health of employees.	Partnered with Heuser Health to offer wellness related services to employees such as health diagnostics and nutrition presentations.Scholarship program developed for 5 month Heuser program - 12 employees expressed interest and will complete selection process in July with goal to start program soon after. Concentra has made a presentation to half of employees in April 2014 with other half to be completed by the end of the Summer 2014.	90%					



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	Partner with area employers with regard to safety models in their workplace that could be adapted to LMEMS.	Met with UPS Safety Team to discuss how they manage employees off-work using case management techniques. Met with other Metro agencies to discuss their processes. Looking for other outside employers to visit. Participated in Safety training led by former LG&E Safety Mgr.	50%					
	Develop a LMEMS Safety Committee to review injuries, vehicle accidents and other safety issues	LMEMS Safety Committee has been formed and processes developed. Investigation and committee review of accidents/injuries to begin July 2014.	100%					
2. Reduce employee sick leave use by 5% by FY15 as compared to FY12. Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2	Implement newly created sick leave policy.	Implemented on 11/1/2012.Continued monitoring of sick leave with sustained improvement.	100%		100%		1) High volume of suspensions/terminations resulting from policy may create staffing shortages. 2) Potential for negative impact on employee morale. 3) Increase in sick usage by non-sick leave abusers (know how much they can call in before receiving discipline).	1) LMEMS personnel missed 8,291 hours of work due to sickness in FY14. In FY13, LMEMS employees lost 9,184 hours due to sickness, a 10% reduction in sick hours. 2) As reported in our most recent LouieStat, there were 9 LMEMS employees classified as high-sick leave consumers in May 2014 compared to 44 in October 2012, for a reduction of 80%. 3) We began measuring the number of employees who've been put on notice for sick leave abuse in mid-September 2013, at which point 24 personnel were considered sick leave abusers. Since that time, that number has decreased by 54% to 11 personnel.
	Use corrective action as defined in CBA to counsel employees found to be in violation of policy.	On-going initiative. Since implementation of the LMEMS sick leave policy, no discipline has led to termination showing that employees are improving their behavior.	100%					<div> High Sick Leave Consumption </div>
	Communicate message to employees about the impact sick leave has on operations.	Command Staff continues to present sick leave and other operational data at in-service. Next reporting session in July and August 2014.	100%					
3. Research and purchase replacement	Find a technology solution that meets the operational needs of EMS.	We are working with MetroSafe to purchase additional licensing to their CommShop 360 system so EMS can automate existing supply asset and CPR training inventory processes. A module for scheduling was reviewed, but was not approved for funding in this fiscal year.	80%				Sharepoint may not provide all the required functionality for the Preceptorship process.	1) 100% of the legacy systems have been replaced. 2)60% of manual processes need to be automated by end of FY14.

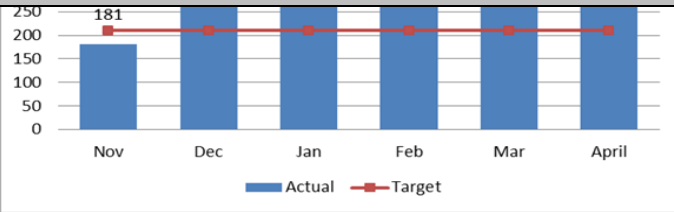
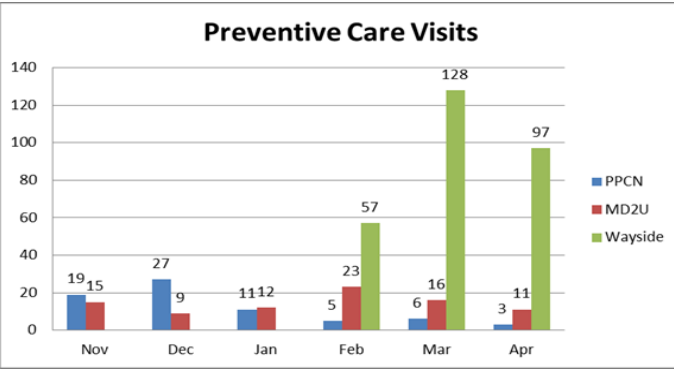

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Implement and purchase replacement software for legacy system and automate manual process through technology solutions Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2	Implement the selected technology solutions.	We have migrated the injury report legacy module to PeopleSoft. Migration has been completed from the legacy training module to the metro enterprise system, PowerDMS. We have migrated our discipline, complaints and sick calls tracking programs to SharePoint. All personnel data is kept in PeopleSoft. All legacy systems have been migrated to mostly Metro enterprise systems. Using the Metro SharePoint tool we have developed and implemented an application for PPCN (community Paramedicine). The Supply assets data has been migrated to CommShop 360 and the manual processes have been automated. Currently, 40% of manual processes targeted for automation have been automated.	75%		75%		Sharepoint may not provide all the required functionality for the Preceptorship process. Funding for the scheduling module will not be approved.	
	Implement retention program to address turnover issues.	Preliminary analysis of retention data is complete. Future plans include implementing exit surveys to identify reasons employees voluntarily separate from LMEMS. Survey data will be reviewed and improvements will be implemented where possible to increase employee retention.	25%					1) Our goal is to reduce the percentage of units going available 10 minutes after the start of their shift to 20%. With continuing monitoring of log on times, from Apr. 2014 to Jun 30, 2014, 43% of units went available more than 10 minutes after their shift started. For the same time period in 2012-2013, 69% of units went available 10 minutes after the start of their shift, for a reduction of 26%. 2) Retention Analysis showed we have a 6% turnover rate of employees we would have wanted to retain. There were 42 street vacancies as of 11/1/2012. As of 6/1/2014, there are 22 street vacancies for a reduction of 48%. 3) In our last LouieStat, we reported that there has been a 30% reduction in the number of hours not worked by LMEMS personnel from October 2012 (4,772 hours) to May 2014 (3,316 hours). 4) We have maintained an average rate of 80% hospital clear time in 30 minutes from Jan. 2014 through June 2014. Hospital downtimes were less than 30 minutes only 45% of the time in June 2013. 5) In the 12 months prior to the ratification of the new LMEMS CBA, there were 3,700 hours of OT paid at straight-time to employees. In the 12 months following the ratification, there were 15,200 hours of OT paid at straight-time to employees. We estimate that the negotiated change in overtime has netted a savings of approximately 5,800 hours' worth of salary. 6) For FY14, there was a 9% savings in unscheduled overtime expenditures.
	Increase staffing levels by streamlining the hiring process and utilizing in-house training of EMTs to become Paramedics.	Completed. Combined initial exam steps into single test date comprehensive review of polygraph exams; reduce # of approvals that must be obtained to post/fill, and work with OMB to double-slot open positions. LMEMS has hired 15 paramedics and 64 EMTs since July 1, 2012, 74% of whom have been retained. The hiring process has been streamlined from 7 months to approximately 6 -8 weeks from application to start date. Paramedic class of 10 completed Spring 2013. Paramedic class of 10 underway with expected completion of February 2014.	100%					
	Implement new sick leave policy.	Completed. See Goal #2 for details.	100%					
	Work with LMG to allow an established a fee schedule to be applied to all special details to recoup funds for overtime hours used.	Completed.	100%					
								Hospital Turnaround Time

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<p>4. Reduce unscheduled overtime hours by 5% by FY15 as compared to FY12.</p> <p>Department Objectives Met: 1, 2 Mayor's Objectives Met: 2</p>	Adjust number of employees off per day on vacation to account for months with high sick time usage and IOD based on historical data.	We have worked with the Teamsters to limit the number of employees allowed to be off on vacation per shift. We have just completed vacation bids for 2014, and were able to decrease the number of employees off per day. We have currently limited the number of employees eligible to take leave per shift. This spreads out the number of personnel off duty throughout the day instead of leaving particular shifts heavy on OT. We've also restricted an employee's ability to carry over previously-approved vacation requests when changing their shift start time so as not to disrupt previously-bid vacation time for that shift.	75%		75%		
	Improve hospital downtimes, resulting in more resource availability to respond to calls for service.	Implemented solutions derived from Six Sigma Green Belt project -- validated results by end of December 2013. Goal was set as 10% or less of transports to clear hospital greater than 30 minutes; goal has been revised to 20% based on data six-months' worth of data. Improvements include improved monitoring, policy clarification and discipline for long downtimes without legitimate reasons. Will continue to be monitored through LouieStat; goal may be re-evaluated over time.	90%				
	Continue close monitoring and management of late runs	All crews have been instructed to contact their operations officer to inform them if they're on a late run. These officers also monitor run volume at each shift change and juggle resources to allow units on OT to secure whenever possible. This is an ongoing process; we're seeking a better monitoring process. A Six Sigma project on Late Runs has begun as reported at the July 2014 LouieStat.	80%				
	In conjunction with LMG OSHA department and the data gathered in relation to work related injuries and illness, establish specific training programs to address these issues with the intent to reduce work related injuries and lost time incidents which cause overtime.	See Goal #1 for more details.	25%				

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<p>5. Purchase and implement inventory distribution system by the end of FY 13-14.</p> <p>Department Objectives Met: 2 Mayor's Objectives Met: 1,2</p>	Invest in medication/equipment dispensers to ensure resources are being used appropriately and to drive timely reorders.	The dispensers have been purchased and are on-site. Training and implementation is planned for August 2014.	75%		90%		Risk of excess waste of drugs and materials. Major increases in cost of medical supplies would also give us the inability to reduce budget by 1%.	1) With purchase and installation of the dispensers, we will attempt to reduce normalized supply expenses for those items included in the dispensers by 10% as compared to the same quarter of the previous fiscal year as reported in LEAP. Based on more recent assumptions and data from other services already using the system, we are planning on a savings of \$121,300.
<p>6. Establish an ongoing, in-house paramedic training program in FY13.</p> <p>Department Objectives Met: 3,4 Mayor's Objectives Met: 1,3</p>	Secure funding to continue the internal paramedic training program to afford opportunity for our currently employed emergency medical technicians an opportunity to advance.	Completed for this budget year; all future budget years pending. Next fiscal year planning is in process to continue funding for the next paramedic class.	100%		100%			1) As of February 2014 all 2013-2014 paramedic student passed their practical examination. All are scheduled to graduate the paramedic program by April 1st 2014.
	Work with OMB and HR to allow EMTs chosen for the program to be temporarily assigned to a paramedic vacancy so the EMT vacancy can be occupied to lessen the impact to service delivery. This will allow us to improve service delivery with minimal impact to the system.	Completed.	100%					
<p>7. Establish a professional development program for all current supervisors by FY14.</p> <p>Department Objectives Met: 3 Mayor's Objectives Met: 3</p>	All Operations leadership will attend the LMG SEAD training by the end of FY14.	LMEMS Operations Officers began attending SEAD training in 2013. Two officers have currently completed the training and others are being scheduled as training courses come available.	25%		35%		Funding for outside educators to provide Leadership instrution. Overtime funding for personel to attend training off-duty. Availability of LMG training department to provide leadership training to our department.	1) We are currently working our operations officer into the SEAD training schedule. 2) We have not previously offered a leadership training program to new operations officers. Our goal is for all operations officers to receive this training within a year of their promotion date starting after January 1, 2014.
	Work with LMG training and education department to assist with specific needs of our department.	Prior to the end of this FY we will add quarterly leadership/management training into our agenda for regular operations officers meetings with the assistance of LMG training department.	25%					
	Look to outside resources for leadership and management training.	In March 2014 we have scheduled an outside Leadership consultant to conduct our first free Leadership class.	25%					
	Establish an operations officer training program that must be completed within a year of being promoted.	Each new operations officer must complete an orientation program once promoted. This program was developed and implemented within the last FY. This program includes a didactic phase, perception phase and evaluation.	100%					

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	Establish a minimum leadership/management training prerequisite for up and coming officers.	This initiative has not been developed or implemented.	0%					
<p>8. Improve patient care throughout the community by developing and implementing evidence-based medical protocols along with an on-going QA monitoring program by the end of FY14</p> <p>Department Objectives Met: 3,4 Mayor's Objectives Met: 4</p>	Develop a set of protocols consisting of the highest quality, evidence based, and nationally accepted pre-hospital medical care guidelines.	New medical protocols were released in May 2013.	100%		90%			1) At this time, we have achieved one of the four milestones for this project. Currently, we are customizing the protocol triggers. We plan to have this program in the production phase by the end of FY14. 2) From November 1st, 2013 through February 21st, 2014, Quality Assurance has completed 466 protocol reviews of all cases that involved seven selected protocols.
	Expand the scope of practice for the Emergency Medical Technician through state approved Pilot Projects to specifically improve cardiac arrest outcomes.	The state regulatory board has now approved 12-lead EKGs for EMTs statewide. Training for our EMT's to acquire and transmit 12 Lead EKGs completed on 2/25/2014. We intend to go live in early March.	75%					
	Allow EMTs and paramedics to operate more effectively by having more standing orders and adding specific quality assurance triggers.	Meetings continue with First Pass to develop and implement the protocol monitoring triggers. The triggers are complex and must be built into the program. Our QA department along with First Pass programmers are in constant contact to get this software up and running. In the mean time we are manually reviewing, monitoring and reporting protocol compliance.	75%					
	Establish a training schedule and outline to roll out protocols to staff.	Training has been completed.	100%					
	Budget, purchase and implement protocol monitoring software to ensure protocol compliance.	Funding was approved and First Pass was purchased. We are now in the development of phase. Our QA staff is currently working with First Pass to develop automated complex triggers to monitor our providers as they utilize our protocol.	100%					
	Continue to hold paramedic classes for current Metro EMS EMTs who wish to advance in their career.	Paramedic class of 10 completed Spring 2014, and all students have received their licenses. Next class will have 10 LMEMS employees plus a few from other agencies; candidate selection has already begun. Start date pending accreditation status.	100%				1) Success of the Paramedic program is dependent on funding approval from each Fiscal Year's budget. 2) Risk of EMT class not yielded certified EMTs who become employed with a local EMS service. 3) Risk of hiring military personnel who are activated to	1) Four employees with a military background were hired prior to the initiation of our outreach efforts in August, 2013. Since then, only 2 applicants with military backgrounds have been hired. 2) To date, LMEMS has participated in 3 recruitment events in FY14 as compared to 3 recruitment events for all of FY13.

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9. Create more opportunities for employees and the public to become certified EMTs and paramedics. Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,3	Partner with outside organizations (e.g., Kentuckiana Works) to utilize federal workforce development funds to increase the number of certified EMTs and paramedics.	In partnership with KentuckianaWorks, a free EMT training class open to the public was held at the NIA Center from March 2014 to June 2014. The EMT class started with 17 students with 7 completing the course. As to date, one of these students has passed the certification exam and has applied for employment with LMEMS.	75%		75%		active duty, creating overtime for the length of their tour.																																					
	Investigate a relationship with the military to offer EMT and paramedic training to exiting service members who have GI Bill funding available.	Several military contacts have been made for recruitment channels. EMS registered on H2H.jobs website. Military Recruitment poster and webpage created. No work towards GI Bill funding completed. Ran into problem of newly hired military members still serving as Reserve/Guard deployed for long-term assignments creating additional overtime. Reworking recruitment efforts to target employees separated from the military. ECU has recently announced efforts to work with KBEMS on bridge program for military personnel.	50%																																									
10. Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated	Expand nurse triage program.	Added second nurse in FY13, possibility for third in FY14. Expanded hours and added weekend availability. Added new PSIAM-eligible ProQA codes and are continuing to research additional codes that may be added in order to expand call volume. Beginning a regular meeting with MetroSafe personnel to analyze missed calls that don't get transferred to the nurse.	75%				We will not be able to sustain our call triage capacity if a nurse leaves the program. Meeting the next goal may be difficult without additional resources; we may not be able to gain ground simply by continuing to optimize current operations. Our goal in establishing the Wayside clinic was to increase current outreach to that facility, but after activation of our clinic, the only other existing day clinic at Wayside closed. There is a lack of national funding opportunities for EMS-based alternative care efforts. We do not have the expertise internally to build a business plan to direct the shifting of resources to a new service delivery model.	1) From Jan 1 to Apr 30, 2014, we triaged 1,021 (22.4%) PSIAM-eligible calls out of the 911 system. The goal is 20%. <div><div><div>Non-911 Patient Management</div><table><caption>Non-911 Patient Management Data</caption><thead><tr><th>Month</th><th>Total Interventions</th><th>% of Eligible Calls</th><th>Goal</th></tr></thead><tbody><tr><td>December</td><td>340</td><td>30%</td><td>30%</td></tr><tr><td>January</td><td>300</td><td>20%</td><td>30%</td></tr><tr><td>February</td><td>340</td><td>30%</td><td>30%</td></tr><tr><td>March</td><td>400</td><td>35%</td><td>30%</td></tr><tr><td>April</td><td>340</td><td>30%</td><td>30%</td></tr></tbody></table></div><div><div>PSiam Calls per Month</div><table><caption>PSiam Calls per Month Data</caption><thead><tr><th>Month</th><th>PSiam Calls</th></tr></thead><tbody><tr><td>December</td><td>406</td></tr><tr><td>January</td><td>403</td></tr><tr><td>February</td><td>386</td></tr><tr><td>March</td><td>349</td></tr><tr><td>April</td><td>324</td></tr></tbody></table></div></div>	Month	Total Interventions	% of Eligible Calls	Goal	December	340	30%	30%	January	300	20%	30%	February	340	30%	30%	March	400	35%	30%	April	340	30%	30%	Month	PSiam Calls	December	406	January	403	February	386	March	349	April	324
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Expand non-Metro transportation; establish patient care navigators for non-emergent needs, link non-emergent patients to primary care physicians and urgent care centers.	Planning to pursue ITPS with KVA Medical Transportation. Added Paramedic Patient Care Navigators to nurse triage provider list, which requires no patient transport. Expanded daily nurse practitioner visits to Dosker Manor in May, and have initiated expansion to additional facilities. Established in-house nurse practitioner clinic at Wayside in February.	75%																																										

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part of community health care delivery by FY19.* Department Objectives Met: 5 Mayor's Objectives Met: 1,5	Pursue national funding opportunities.	Spoke with CMS Innovations representatives about potential national funding options, but that conversation did not provide any currently available opportunities.	25%		75%			
								
	Establish Paramedic Patient Care Navigation program.	The PSIAM follow-up Pilot program has been operating since October of 2013. LMEMS and the Teamsters have agreed on and signed an MOU outlining a candidate selection process for a new class of PPCNs. Letters of interest have been solicited and we hope to begin training this summer. We continue to develop the recidivist program which started in October. The third phase of the program —CHF readmission avoidance— has stalled. We have attempted to meet with Kentucky One Cardiology because we are ready to move forward with procedure and protocol development. We will continue to pursue their participation in this project.	25%				1) Of 39 patients seen by PPCNs during the pilot phase of our project from Jan. 1, 2014 through May 31st, 2014; 34 were either treated in-home or recieved alternative (non-LMEMS) transport to a medical facility for an 86% diversion success rate. Our goal is to maintain a 70% diversion rate. 2)After the pilot project has been in operation for 6 months, we will compare the number of 911 emergency medical calls made by patients enrolled in the program to the number of calls they made in the 6 months prior to the project's launch. (This KPI is related to the recidivist program and will not be utilized until that program begins.)	
	Integrate community health workers into the 911 system.	Currently re-evaluating this initiative.	0%					

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<p>11. Realign resources and retrofit LMEMS to meet entire spectrum of patient needs by FY15.</p> <p>Department Objectives Met: 4,5 Mayor's Objectives Met: 1,2,5</p>	Create partnerships with public/private entities to provide primary (NP) care.	We have developed a partnership with MD2U that allows us to provide preventive care to patients at facilities with a high annual 911 call volume, as well as enroll PPCN patients into their patient cohort for continuing management. We are still pursuing a CHF readmission prevention program with Jewish Hospital, and we hope to address recidivist 911 callers with the help of PPCNs when our new class is completed.	25%		25%		<p>74% 26%</p> <p>■ Hospital ■ Non-hospital</p>	
	Create partnerships with social work/behavioral health providers.	We have partnerships with Seven Counties Services and Our Lady of Peace through the PSIAM program, but we have not yet begun expanding those partnerships beyond nurse triage of 911 calls. MD2U also now offers the services of a psych nursing team.	0%					
	Continue to expand PSIAM program.	There are no current plans to add a third full-time nurse, but we are open to that possibility in the future. With the retirement of our previous program manager, we will be writing a new job description for Call Center Manager. We continue to seek out new codes for PSIAM eligibility; we're working with LMPD now to add some CIT calls to the nurses' jurisdiction.	75%					
	Develop business plan for potential future realignment of patient care services.	An RFP was posted earlier this year, however there were no respondentns because of indemnity requirements that had to be met per Risk Management. We are meeting with staff from OMB next week to discuss next steps.	25%					
	Investigate revenue sharing partnerships with local hospitals to incentive seamless continuity of care.	This initiative will begin in earnest once we are able to extract data from the PPCN project that indicates its value to participating medical partners.	0%					